

**FORM 2\***

**Disclosure of Owners, Investors, Managers and Controlling Parties**

**Part I: Ownership Structure**

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

John M. Rogue	Owner			App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Warren	RI	02885	Phone Number ()
Medici Products and Solutions, Inc.				
Christopher E. Roy	Owner			App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Cumberland	RI	02864	Phone Number ()
Medici Products and Solutions, Inc.				
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()

**Rhode Island Department of Business Regulation**  
**Application for Medical Marijuana Cultivator License**

Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEI	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	ZIP	Phone Number ( )	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
John M. Rogue			
Christopher E. Roy			

Authorized Signatory

John M. Rogue  
 Printed Name

NOV 12 2014

[Click here to enter a date](#)

Date